

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/087,424 FILING DATE

APPLICANT(S)

3-1-04

CLAIMS

AMENDMENT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
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49				
50				
TOTAL IND.	3	0	0	0
TOTAL DEP.	14	0	0	0
TOTAL CLAIMS	17	0	0	0

AMENDMENT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
51				
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97				
98				
99				
100				
TOTAL IND.		0	0	0
TOTAL DEP.		0	0	0
TOTAL CLAIMS		0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS